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World Chronicle

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UNAIDS

Dr. Peter PIOT, Executive Director of the United Nations Programme on HIV/AIDS (UNAIDS), discusses the AIDS situation in the world and international efforts to contain the disease. HIV, the virus which causes AIDS, exists in all countries. It can be transmitted from one person to another through sexual intercourse either heterosexual or homosexual, blood transfusions, shared needles and syringes, or from mother to child. Combating the HIV/AIDS problem is a collective responsibility which should include governments and people. WHO provides technical guidance and financial support to countries and communities to help slow the spread of AIDS. Education, the promotion of condom use and safer sexual behaviour and the treatment of other sexually transmitted diseases are important tools in the fight against this pandemic.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

Over the last two decades, the HIV/AIDS pandemic has become a global health problem, affecting millions of people around the world. It's estimated that every day more than 6000 people are newly infected with HIV, the virus that causes AIDS. This dreadful disease knows no boundaries and does not discriminate among men, women and children. By the year 2000, the World Health Organization, or WHO, projects that 30 to 40 million people will have been infected. What is the international community doing to combat this pandemic?

Our guest today coordinates international efforts against AIDS. He is Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, or UNAIDS. Joining me to talk with Dr. Piot are Ian Steele of the Press Foundation of Asia and Tuyet Nguyen of United Press International.

Dr. Piot, welcome to World Chronicle.

Dr. Piot, I guess that promiscuity, heterosexual and homosexual, has been around probably since the dawn of humanity. And in the last several decades people have been sharing needles – drug abusers. Why did it only happen in 1981 that AIDS, or HIV, was identified?

PIOT: It is correct that in 1981 in San Francisco, to be more specific, and other parts of California and the United States, AIDS was described for the first time. But we know at the moment that the virus called HIV has been around for some time, particularly starting to spread in the mid-70s. We don't know, and I don't think we will ever know, where it came from, why it started spreading at a certain point in time, but what we know is that once the virus is introduced into a population, let's say it sees an opportunity to spread very rapidly, such as in a population of injecting drug users who are sharing needles, or in men or women who have multiple sex partners. That that's a real opportunity from the virus's perspective, and that's how it spreads. But why exactly in '81 or in the '70s I don't think we'll ever know.

LITTLEJOHNS: Apparently there are more and more cases now of HIV and AIDS among heterosexuals whereas previously they were mainly homosexuals and drug addicts sharing needles. What's the reason for that?

PIOT: It depends where you are in the world. Overall, we could say that heterosexual intercourse is the number one mode of transmission of HIV, be it from man to woman or from woman to man. But when we're in some western countries, the United

States or northwestern Europe, there homosexual men are still the first group that's affected by the epidemic, or in countries like southern Europe or some parts of the United States, injecting drug users. But overall, it's heterosexual intercourse that is the main mode of transmission. And that's not a surprise. A virus basically doesn't care about the sexual preference of its host, and transmission of a virus between two individuals occurs when there is intimate contact, be it by blood or through secretions, through sexual intercourse. And that's how it jumps from one individual to another.

LITTLEJOHNS: There was a bit of an argument a couple of years ago, I believe, about the possibility that the virus could be spread by intimate kissing, so-called "french kissing", tongues and so forth. Is there any evidence of that?

PIOT: No. This happens so often that I think if that were the case we would have seen many more than the 15 million people who are infected today. Now, the modes of transmission of the virus, of HIV, are very clear: It's sex, be it homosexual or heterosexual sex; it's through blood, and that would be blood transfusions with infected blood or the sharing of needles; and from mother to child during pregnancy or delivery. And that's it. And after 15 years of really intensive research, it's clear that there is no evidence for other modes of transmission. At some point in time it was also said that perhaps bedbugs or mosquitoes –

LITTLEJOHNS: Toilet seats.

PIOT: – toilet seats, drinking from a glass, you know, that someone who is HIV infected had drunk – all that is nonsense. It's not there.

LITTLEJOHNS: Because there was a case in the United States where the parents were keeping their children out of school because one of the other kids, who I think was a haemophiliac, had developed AIDS. There's no justification for that?

PIOT: No. Unfortunately, this happens a lot, and it has nothing to do with objective danger of becoming infected, but it has often a lot to do with fear of the disease, stigmatization of people one may think are infected. And all that is very counter-productive, in addition to being, if you want, a violation of the rights of these individuals, or being unfair treatment of them. It makes prevention much more difficult if people who are infected, if people we may think are infected, are ostracized, are excluded. How do you want that they come forward, that they participate in prevention programmes? They could protect themselves or protect others from becoming infected. And that's too sad.

STEELE: Dr. Piot, we're seeing a shift in focus now in the caseload from Africa to Asia, southeast Asia, Thailand being one very prominent example; south Asia, India, another. There are reports now from Yunnan Province in China about AIDS among heroin users, and the reports seem to suggest a certain insensitivity to the victims, on the one hand,

and a state of denial among the people who are in fact suffering AIDS. It's a potentially explosive situation. What's your assessment of the risk factor in such a huge population with a rather limited base of understanding of transmission factors and acceptance of people who may carry the virus?

PIOT: It is true that at the moment more people have become infected and are becoming infected with HIV in Asia than in any other continent of the world. That is, in the first place, because more people live in Asia than anywhere else. But it's fairly new, because up to recently the epidemic was – Africa was the most heavily affected continent by the epidemic. Today we estimate that over 3 million Asians are infected, and that of the 6,000 new infections that are occurring every single day, that about one-third of them are occurring in Asia. So that is a new phenomenon. But the situation is not the same everywhere. As you say, in southern China, in Yunnan Province, which is basically part of the Golden Triangle, it is a fairly classic story in the sense that first what happened was an epidemic of drug use, heroin use, first starting with smoking it, and then injecting it, because that's a much more efficient way, if you want to use drugs. But unfortunately, access to needles and syringes was very limited, so people, what they do, a group of friends would buy a syringe, a needle, and share it. In the evening, with everybody, the needle and the syringe would go around. And this is about the most efficient way for spreading this virus. And then we come to the next step. It's enough that one individual with HIV is among this group of friends, and in a minimum of time the virus spreads like bushfire.

Now, what we are seeing in Yunnan Province and in other parts of Asia we've seen everywhere in the world. And most societies, just as individuals, go through different phases. When there's bad news, how we all react most of the time, we hope that it's not true. And there is some kind of denial, if you want, both as an individual and as a society. And that is really an essential problem, because as long as you don't recognize that there is a problem, what can you do about it? Nothing is happening.

NGUYEN: But Dr. Piot, the Governments in Asia knew that AIDS was spreading everywhere in the world.

PIOT: Yes.

NGUYEN: Didn't they take any measures to stop the spread of the disease? Did they have sex education? Did they distribute condoms? Did they have safe syringes, or, you know, any warnings that the population should stay away from the disease?

PIOT: The response by the Governments and by societies has been very unequal in Asia. There are some success stories, and Thailand definitely is one. But there also it has taken until 1991 before the Thai Government recognized that AIDS was a problem. But [since] then it has taken all the measures that are necessary. But it has taken other

countries much longer. And to come back to China, it's only in July 1995 that the State Council in China had declared AIDS as a national emergency and as a national disaster, and the Government started organizing campaigns and so on. So it is starting, but unfortunately Governments, societies usually wait a bit too long, and with AIDS, you can't afford to wait until the problem is really there.

STEELE: You've seen this coming in a number of countries, the pattern. How does WHO interface with the problem? You have the Government at official level in denial; you have the population in ignorance; yet you know the progression will be as it is in other countries, where people will come around and realize they have a major problem on their hands and react to it. In the meantime, you have a strategy in place to deal, to prepare. What is that?

PIOT: Yes. And first of all, we're not organizing the response to the epidemic, prevention and care for people, instead of the countries. I mean, that is the first thing. Our main way of working is technical advice, to shorten the learning curve, if you want, to avoid that one waits as long as your neighbour to take effective measures; financial support to countries, to developing countries, in the first place; and then I would call it political mobilization. That's something that not always happens in the open, but we talk to the leaders of a country, not only the prime minister or the president, one also has to talk to people at the community level. And our programme, UNAIDS, in a way is – we want to be innovative also in the way the UN works in several ways: first of all, we're working not only with Governments but also with non-governmental organizations. One of the things we've learned over the last 10 years responding to the epidemic is that this is something that the Government alone can't really deal with. It's about the most private behaviours of people, and the Government has to create a climate, make sure there are resources to make sure that, for example, promotion of condoms is possible, that sex education for young people is not against the law and is feasible. But it can't do everything. So you need really, if you want, a coalition between the Government and non-governmental organizations with, say, also the private sector, the business sector. And when we were talking about Asia, in several Asian countries the business sector is very dynamic and has taken on AIDS. There is the Business Coalition Against AIDS in Thailand, for example, which spends a lot of money on AIDS prevention, particularly. And that's one of the few ways that we can reach men. How do you reach men, in general, sexually active men? Many of them work. And so if you can start with prevention programmes in the workplace, that helps a lot.

But I would say that one of our biggest problems is this denial of the problem, and that comes from the individual: "It's not my problem. Yes, I know there is AIDS, but it's all the other people, because I'm not like them." That's a very common reaction. And then

also at the political level. And this is where I see that our job is really important. But of course, as a UN organization, we always – we can't do more than – we can't impose things.

STEELE: Just to shift gears slightly, we've seen, just in the past week, the United States Food and Drug Administration approving 3TC.

PIOT: Yes.

STEELE: And this is wonderful news for a lot of people, and for the company. We're looking at a $500 million-a-year business. But what in fact we're talking about is 10 per cent of the people who suffer from AIDS who will presumably in some form have access to the drug. What about the other 90 per cent? And what do you do as an organization to bring the companies along to try to promote a sense of corporate moral responsibility, and to see that access to drugs is possible for, first, poor countries, and then for distribution within poor countries to people who don't have the means to pay?

PIOT: You're putting your finger on a really sore point. It's the kind of thing that keeps me awake at night. First of all, traditionally, AIDS programmes, be it in countries or in the UN, have concentrated exclusively on prevention. I think that that today is not acceptable nay longer, because we're only at the beginning of an epidemic, of people who are ill, people with AIDS, people who will die. And, as you said, what we can say is that AIDS and the treatment that is now becoming available are actually adding to the inequalities in the world. Having AIDS by itself is a tragedy; having AIDS when you are in Vietnam or living in Zambia makes you really desperate – no access to even the most basic type of care. And that's a real problem.

Now, what can we do about it? We're not going to generate the money so that the 15 million people in the developing world who have HIV infection will have access to AZT or 3TC. That's just not possible. But what we are doing is two things: one is making sure that – and helping countries to develop inexpensive ways for humane care. We can do a lot with not that much money. For example, compassionate care by physicians, by nurses, that doesn't cost anything. It's a matter of training, of having the right attitude. And I'm saying that because it's still there. Too many patients are not, you know, don't get the treatment, the humane care and support that they deserve, just as any other patient in the world. Secondly, there are inexpensive ways for preventing certain opportunistic infections. There are inexpensive ways of taking care of, treating common problems that are associated with AIDS, such as chronic diarrhoea, and so on, that are accessible to most countries. Because we're talking here about one dollar or two dollars. Now, –

STEELE: Are you talking about oral rehydration therapy and things like that?

PIOT: For example, yes, and simple drugs to make sure that someone doesn't develop tuberculosis. That is there. But then certainly there's the issue of dialogue and talking to companies. And I think there, for me, the options are the following: For those countries that are what we could characterize as mid-level income countries, thinking of Thailand, for example, it becomes – Brazil – it becomes more realistic to talk about access to anti-retroviral drugs. And at the moment we are seeing how we can go through both purchase, procurement, et cetera, to have better access for at least a certain proportion of the patients.

LITTLEJOHNS: This is **World Chronicle**. Our guest is Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

NGUYEN: Dr. Piot, where do you think the Programme can be most successful? Is that in the private area or government-led programmes? Can the Government work together with the private sector to make it more successful? Or surely it would be better to give it to a private organization to do it.

PIOT: I think that both are necessary. And when we look at the success stories in the world – I was mentioning Thailand, we also have good evidence now from Uganda, for example, where there is a decline in the number of new infections among young people – it has always been there that the Government has a role to play, making it possible to do, providing some money. But then the actual action, the activity itself in the field, if you want, in the community, that can only have any impact long-term if it comes out from the community itself, community groups, groups of young people, the private sector. So I think that we need both. But, as I said, we will work in the first place with Governments to make sure that the environment is there to make it possible, and then for the action with non-governmental organizations.

NGUYEN: You spent many years in Africa.

PIOT: Right.

NGUYEN: Do you think the area is still manageable? I mean, AIDS itself. Is there enough money, manpower and health care people to deal with the disease?

PIOT: I think that there are not enough resources to deal with AIDS in Africa or in many other developing countries. And the problem is that many countries, many African countries in particular, are faced with so many other problems that very often the social and the health system has been shaken up by all kinds of problems, economic and social problems. And what can we do then about AIDS? Is it too late? The answer is no, even in countries like Uganda, like Zambia, where now one out of every three or four adults is infected. And let's not forget that every single day new people are born, and that we have to think about future generations. So for me, focusing on youth is really important. Fifty per

cent of all people who become infected with HIV in the world are younger than 25. So we're really talking about the future, future generations, our children, our grandchildren, and that's where we have to focus our efforts. And then there are still countries where there's a window of opportunity. I'm thinking of China, I'm thinking of a country like Vietnam, I'm thinking of Indonesia, where the virus has been spreading at a very limited level, but if we wait until there are many people with AIDS, then we've lost an enormous opportunity. So, as an international community, as a Government, we all have a major responsibility to act now.

STEELE: Could I come back to that question of access? There is testing of drugs in developing countries. In the event that there is a significant treatment developed in a developing country, by a major pharmaceutical company, for AIDS, out of experimentation and medical practice in a developing country, in that hypothetical situation, what is the moral responsibility of the company and the international community to see that those people who have been the baseline for those studies get access to the drug?

PIOT: Yes, what you are describing is not a hypothetical situation, it's already there. And I'll give you an example. The example is the fact that we know today that you can prevent the transmission from mother to child of the virus, HIV, by giving a drug, AZT, during pregnancy, during delivery, and then, during the newborn period, to the baby. And that's very complicated, and it's very expensive. There are studies going on, particularly in Africa and in Thailand, trying to have a more feasible, shorter treatment regimen for that, but it still will be expensive. And so the studies will have been done in some of these developing countries, and will people benefit from that there? Our position is that studies should be done in countries only if access to the treatment regimen or the prevention regimen that is being tested will be accessible to – at a reasonable price in the public sector to the people who have participated, who have offered their bodies, their, you know, their life, in a way, to that experimentation.

STEELE: But is there a controversy running in this particular situation?

PIOT: There's not a controversy. I think that today this is accepted internationally, but –

STEELE: What, that the developing country can be the guinea pig but not the recipient of the drug?

PIOT: No, no, no. What is accepted is that you should not do trials in a developing country where then its citizens could not benefit from it. Ethically that, for me, is hard to accept. But we may run into enormous problems here with vaccine trials. One day we will have to go and test and evaluate whether a candidate vaccine protects against HIV or not.

And the ethical problems are absolutely enormous. And this will most probably happen in developing countries.

STEELE: But are they ethical, or are they monetary? It sounds to me as though they're monetary more than ethical.

PIOT: Well, they're both. The ethical side is that you don't do it if you can't solve the monetary side.

NGUYEN: Dr. Piot, coming back to sex education or the campaigns to warn the population about the dangers of AIDS, is there such a thing like safe sex?

PIOT: There is safer sex, certainly, and the safest sex is no sex, of course, abstinence. But that's not a long-term or a lifelong option for most people. And to come back to sex education for young people, I believe that that's really one of the keys and cornerstones of AIDS prevention. And that's a difficult matter in basically every single country in world. I mean, I have teenage kids and I know what I'm talking about. It's not easy to discuss it, but we have now also good evidence that what people often say, that when you talk about sex to young people, to young children, that they will become more promiscuous or start sex earlier –

LITTLEJOHNS: This is the argument here in the United States in particular.

PIOT: Yes. Well, we have good evidence, scientific evidence, that that's not the case. So that's not a matter for scientific debate, if you want, but that's more of a perception by older people.

LITTLEJOHNS: The more they know the less they want to experiment, is that it?

PIOT: I'm not a child psychologist, but it certainly –

NGUYEN: As an educator, would you prefer to tell young people abstinence is better than probably safe sex, or even no, you know, no sex? Is there a way to tell young people not to do it and not get these diseases?

LITTLEJOHNS: But, as Dr. Piot has said, that's practically impossible to do.

PIOT: Yes. No, but I think the main message is that you only have sex when you really want it. That is the first – and that – because there's a lot of so-called peer pressure that, you know.... It's okay to say no, let's put it that way. And that's not always easy. That means not only information, but also development of skills, how to do that. And that, in addition to telling people at the same time, you know, children, how they can protect themselves and others. So you need a combined message there, I believe.

NGUYEN: But in general terms, can you say that the scientific community has been successful in the past 10 to 15 years to stop the spread of AIDS?

PIOT: The answer is a bit nuanced. We still have 6,000 new infections every day, and that's too many. That's not inevitable. The scientific community has been successful in

finding the cause of the disease, of AIDS, finding a blood test, treatment, preventing of mother-to-child transmission – spectacular successes, but it's not enough. We don't have really a cure, we don't have a treatment, a vaccine. But where we've been partly successful is that in certain communities – I'm thinking of communities of homosexual men, for example, in the west – the spread has been contained, and now also in a country like Thailand, which has done an enormous effort, all parts. But it's not enough. And this is really our job, together with the countries where there are communities, to do something about that.

LITTLEJOHNS: Dr. Piot, we have only about three seconds left. Is it a question of lack of money? Yes, no?

PIOT: Not only lack of money. Money – there's not enough money, but we need also better strategies and better quality in what we are doing, like messages, education messages. That's not doctors' business. That's for people who are into marketing and who know what communication is.

LITTLEJOHNS: Dr. Piot, that's all the time we have. Thank you for being with us on this edition of **World Chronicle**. Our guest has been Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS. He was interviewed by Ian Steele of the Press Foundation of Asia and Tuyet Nguyen of United Press International. I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

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